

**FORM PRD-2  
REQUEST FOR RECONSIDERATION**

Secretary of State  
Political Reform Division  
P.O. Box 1467 (95812-1467)  
1500 - 11<sup>th</sup> Street, Room 495  
Sacramento, CA 95814

FILER NAME

ADDRESS (No. and Street)

(AREA CODE) TELEPHONE NO.

CITY

STATE

ZIP CODE

PERIOD COVERED ON STATEMENT OR REPORT

FORM NO.

ID NO. (if applicable)

PLEASE PROVIDE COMPELLING CIRCUMSTANTIAL EVIDENCE OR ADDITIONAL DOCUMENTATION NOT MENTIONED IN YOUR ORIGINAL WAIVER REQUEST:

(Continue on reverse side, if needed)

I declare and certify under penalty of perjury that the foregoing information on this request for waiver is true and correct. I hereby request that the liability for failing to file a statement required by the Political Reform Act on time be waived.

EXECUTED ON \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_\_, \_\_\_\_\_  
(Month, Day) (City) (State)

\_\_\_\_\_  
(Signature of Filer)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Candidate/Officeholder, if applicable))

\_\_\_\_\_  
(Type or Print Name)

PLEASE PROVIDE COMPELLING CIRCUMSTANTIAL EVIDENCE OR ADDITIONAL DOCUMENTATION NOT MENTIONED IN YOUR ORIGINAL WAIVER REQUEST:

**PRD OFFICE USE ONLY**

**FORM INFORMATION**

Period Covered \_\_\_\_\_

Form No. \_\_\_\_\_

Date(s) Due \_\_\_\_\_

Date Filed \_\_\_\_\_

Liability

\$ \_\_\_\_\_

**WAIVER ACTION**

Waived Upon  
Reconsideration \_\_\_\_\_

Denied Upon  
Reconsideration \_\_\_\_\_

Reduced Upon  
Reconsideration \_\_\_\_\_

Increased Upon  
Reconsideration \_\_\_\_\_

Action Justification/Comment: (circle one)

F1

F2

F3

F4

S1

S2